

**IRWIN ARMY COMMUNITY
HOSPITAL
FT. RILEY, KS**

**INTERSERVICE PHYSICIAN
ASSISTANT PROGRAM
PHASE 2
TRAINING**

**ORIENTATION
AND
POLICY MANUAL
2013/2014**

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CHAIN OF COMMAND

Commander	COL Barry Pockrandt
Deputy Commander for Clinical Services	LTC Mark Ochoa
Command Sergeant Major IACH	CSM Junior Riley
IPAP Medical Director	MAJ Peter Marlin
Phase 2 Coordinator	MAJ Charles Day
MEDDAC Commander	CPT Joseph Peabody
Company C First Sergeant	1SG Peter Feider

SIGNING IN AND OUT-PROCESSING

During duty hours: Medical Company S1 to get your checklist. Most all of the in processing stations are in building 210. However the NCOIC of the Employee Service Center will guide you through the requirements and sign off when complete. If you run into any issues, be sure to contact the Phase 2 coordinator. This must be completed during your first week. You may incur some classes that will be held after you begin rotations. You must inform any preceptor of your imminent absence from clinic.

DUTY UNIFORM

The clinical rotation or work location determines the duty uniform. Typically, the advanced combat uniform (ACU) and scrubs are authorized. The *short* white lab coat or long blue coat will be worn while seeing patients. If you want to wear a *short* white lab coat you will have to purchase that own your own.(This is an issue I am working on). You have to wear a black name tag that I will provide for you. You must also have your IPAP patch sewn on your lab coat. A student badge showing the student's name and "Physician Assistant Student" will be furnished and worn on the left side above the pocket. Hospital scrubs are only authorized when performing duties in the Emergency Medicine department or any rotations in which surgery procedures are to be performed. During these rotations, if you must leave the rotation area, cover the scrubs with your white coat or the long blue coat. Scrubs are not authorized outside the hospital. If you leave the hospital during your duty day you will change back into the ACU uniform. During recall, the duty uniform is ACU. MEDCOM patches and IACH unit crests are authorized on the uniforms as well as specific unit patches for National Guard/Reserve members. At graduation, the follow-on unit patch and crest is authorized.

DUTY HOURS

Official duty hours are 0630-1700. However, preceptors are authorized to adjust these hours to meet the needs of the student and maximize education opportunities on each rotation. If released by the preceptor before COB, it is the student's responsibility to check with their current

preceptor for guidance. If there is two hours or more of the duty day and the preceptor has nothing to off you must contact MAJ Day for instructions. Standard Orders in his absence are the duty day is to be completed in the ER working towards the required hours. Remember it your responsibility to actively pursue learning opportunities.

ON CALL DUTY

Performing call is an integral part of the student education. Presently most surgery rotations should require the student to be on call. Students may pull on-call in any rotation as directed when it will enhance their learning experience. No patient will be discharged from the ER or IM service or without a credentialed provider signing the chart. No students will disposition a patient without a credentialed provider **approving** the disposition.

RECALL

The Phase 2 Coordinator will initiate student recall as required. In the event of a recall, each student should report to the clinic they are currently working in and assume the role assigned by their preceptor.

SICKCALL

If you are due to be on shift and are ill, report to the Phase 2 coordinator **AND** your preceptor. There is **no excuse** for not notifying your preceptor and me when you are ill. Be sure that you enroll with TriWest as part of in processing so you can get a PCM for any medical issues.

PHARMACY

Students will not independently write prescriptions or possess pre-signed prescriptions. The preceptor must sign all student prescription orders.

MAIL/MESSAGES

Check Outlook mail at least twice daily, once before 0800 and again after 1600. Pass information to each other as appropriate. A student contact roster will be maintained in the PA office with valid email and phone contact info. A personal email address should be included as remote access to AMEDD outlook accounts may not be authorized. The student and preceptor presentation schedule will be maintained on the IPAP training calendar which you will be given access.

LIBRARY

The hospital library is available for student use from 0730 till 1630 on most days. Access to the library after duty hours is through the AOD desk. Students have the same checkout privileges and responsibilities as other hospital personnel. Please follow the rules regarding the library so that we may keep these privileges. Specific texts related to the rotations and end of rotations examinations are in STATREF. You will be allowed access to this website by using the IACH

web page. Other resources are available through the library web-portal. Mrs. Whiteside will be able to assist you in accessing any of these resources. Additionally, all of the required references for Phase 2 are maintained in the library and the PA office.

LEAVE POLICY

Students may take two weeks of ordinary leave scheduled through the phase II coordinator. However, **ordinary leave may not be approved** if a student is on **academic probation** or has **more than one “C” grade**. Students are encouraged to use the time at Christmas to reinforce their skills and knowledge. **Ordinary leave will be given when you request it at the discursion of the phase 2 corrdinator.** If you are in a “use or lose” situation, there are no mechanisms to carry excess leave over to the next year. You need to let me know immediately if you are in this situation. Consult the Phase II Coordinator concerning all matters of leave. Additionally, there are two weeks of block leave over the Christmas holiday exodus. For emergency leave, contact myself by phone then the Medical Company 1SG or Commander as soon as possible whenever emergency leave is needed. You may only take a pass during training holidays or federal holidays. You will not take a pass if your preceptor requires you to work, you are on call, or you are on academic or nonacademic probation. All requests must be approved by the Phase 2 Coordinator **no less than 2 weeks prior to the date you are requesting.** All students going on pass and leave will sign in and out in accordance with IACH MEDDAC Co policy and complete all appropriate forms. For completion of the forms see the NCOIC of the PA students. Currently SFC Minnick.

LECTURES/MEETINGS

Lectures are scheduled throughout the year on a variety of topics and attendance **IS MANDATORY.** These may not correspond to scheduled clinical rotations. All absences from lectures must be cleared through the **Phase 2 Coordinator**. The lectures are an important aspect of the Phase II educational process and should not be dismissed. This is currently scheduled for Thursday afternoon starting at 1300 hours. The uniform for this is the ACU uniform unless otherwise directed by MAJ Day.

PHYSICAL FITNESS/WEIGHT CONTROL

All students are responsible for maintaining appropriate level of physical fitness and weight. You are all Commissioned or Non-Commissioned Officers and thus you know the Army standard. You will not have to attend any PT formations but you will have to ensure you are doing it on your own. You must have a **current passing APFT** score with a **passing height/weight or tape test** to receive your diploma and **graduate from PA school**. The Army Physical Fitness Test (APFT) is administered in April and October and attendance is mandatory. Students with illness/injury that may prevent them from passing the APFT must document the illness/injury and receive appropriate duty modification (profile). **DO NOT** wait to until just before the APFT to do this. Failure to pass the APFT is cause for non-academic probation. You will take another APFT within 60 days of graduation.

PCS ORDERS

The Phase 2 Coordinator will conduct all correspondence regarding PCS orders on the student's behalf. Normally, 3-6 months prior to graduation PERSCOM will contact each Phase 2 Coordinator with a list of potential assignments. Future graduates will provide their preferences and special considerations (joint domicile, EFMP, family member illnesses, etc.) to the Phase 2 Coordinator for forwarding to PERSCOM. The assignment process is not intended to be impersonal but the needs of the Army always come first. The Phase 2 coordinator is also a contact for National Guard students that may have specific orders or assignment needs from their state. It is encouraged that guard/reserve students maintain contact with their state S1 or AMEDD recruiter as many of the assignment and commissioning processes differ from that of the active component.

OFF-DUTY EMPLOYMENT

Off duty employment is **NOT authorized**.

PHYSICIAN Assistant NATIONAL CERTIFICATION EXAMINATION (PANCE)

Certification of ARMY PA's by the National Commission on Certification of Physician Assistants (NCCPA) is required within two testing **OPPORTUNITIES**. I will let you know when you can register. Do not contact NCCPA but you are encourage to review all the information on the NCCPA web site about PANCE preparation. This can be done at www.nccpa.org. Use the closest site if you are getting TDY from IACH. The nearest Pearson Vue facility is in Topeka and they frequently offer testing dates for the PANCE. Pay attention to deadlines and requirements in the test announcement. Failure to complete requirements in a timely manner will result in unnecessary delays in testing and certification. It is very important to review the registration and testing policy on the NCCPA site to ensure that you do not lose your registration fee and that you understand all the testing protocols.

COMMISSIONING

This is an important event in the life and career of each individual and it should be treated accordingly. The class will decide the manner of this ceremony, pending approval of the Phase 2 Coordinator.

Request new ID cards for yourselves and family members on day of Commissioning. AG will need documentation of dependency to re-enrollment in DEERS. Carry all records for marriage, birth, adoption, etc. and not allow these documents to be packed with your household goods. Obtain uniform items well in advance of the Commissioning ceremony. Clothing Sales has everything that you would need to set up your uniform to include the new ASU's.

The Junior class is responsible for assisting the IPAP Coordinator with executing graduation following the graduation SOP.

CLINICAL ROTATIONS

Official duty hours are 0630-1700. Actual hours vary according to the educational opportunities each rotation has to offer. Students are expected to make ward rounds and take call with their preceptor when warranted. Duty hours may be adjusted to spend additional time in rotations to

meet the training objectives in each area. Generally, expect to spend 55 hours per week in the hospital and 10-20 additional hours per week in self-study. Your course is set up on an 80 hour medical resident work week.

ER HOURS TRACKING

Your daily progress in the ER during the year is monitored and documented by your preceptor in the PA Rotation Book maintained in the ER. Every shift that you log will be hand signed and stamped by your preceptor. You will continue to pull ER rotations throughout the entire year. The course *minimum* is 160 hours. You will rotate through the ER per the set schedule until you graduate. This is an excellent opportunity to hone your skills through patient contact. The ER will be posted in your study room and in the ER. If a PA student cannot make their assigned shift they must clear this absence with MAJ Day as this is your assigned duty locations at that time.

TESTING

The rotation grade is derived from clinical performance rating (75%) and a written examination (25%), both of which must be at least 75%. You must successfully complete the clinical portion and have all of your evaluation forms completed and signed by the rotation preceptor. Each test has 60 best choice questions based on the rotation's objectives and reading list. The Family Practice, Emergency Medicine, and Internal Medicine rotations will have 100 questions each. You will take your end of rotation exam on the last week of your rotation. The test is given the last Thursday of your rotation at 0630 unless other arrangements are made. Reminders and coordination for end of rotation exams are maintained on the IPAP training calendar. If you are unable to take your test at that time you must contact MAJ Day for an alternate test time.

READING LISTS AND OBJECTIVES

Rotation objectives provide a cognitive framework for study and will help focus your studies in preparation for the examination. The study of medicine, however, cannot be completed within the allotted time, no matter how diligent you are. As a professional, you must continue to pursue knowledge as long as you practice. You should look up the most recent objectives on UNMC blackboard just prior to your rotation. This will ensure you have the most recent updated version. **THESE ARE NOT ABSOLUTE OR ALL INCLUSIVE! You must read and study outside of your Phase I notes and required reading to be successful.**

CRITIQUES

Student critiques are an important element of Phase 2. They provide students opportunities to express opinions, suggestions, or concerns about any aspect of the Phase 2 training. We take all comments, positive and negative, seriously and endeavor to continually improve the program. End of rotation critiques will be turned in with your performance grade. They are reviewed by me and the Medical Director. Make honest and defensible statements.

PERFORMANCE EVALUATIONS

The preceptor for each rotation will complete an Automated Performance Evaluation. Contact the Phase 2 coordinator at the end of your rotation so an evaluation can be sent to your preceptor. An automated My Evaluations electronic form will be sent to the preceptor at the end of each rotation. Once the evaluation has been completed you will receive an email instructing you on how to acknowledge the evaluation. If there are any disputes, you will come to the Phase II coordinator to discuss the evaluation. The Phase 2 coordinator may act as a mediator between the preceptor and the student should any issues arise.

ROTATION TRAINING GOALS

General Concerns: Prior to each rotation, report to the Point of Contact for that service or clinic and discuss the dates of your rotation, reading requirements, and their expectations. Once you are in the service, do not wait for someone to tell you to pull a chart. Ask the preceptor what is expected of you. Ensure that you ask about the procedures and practices of that department. We will spend more time addressing this as you in process and progress through your training.

ORIENTATION: The week of the actual start date is used for in-processing and orientation. The orientation will be conducted by course personnel and will include training requirements, local facilities and policies, standards of performance, and staff responsibilities. Phase I and 2 have similar goals for training, but the approach and philosophy of student instruction is completely different. Phase 2 by contrast requires a great deal of self-motivation and study. This activity prepares the PA student for a life of professional enrichment by self-directed study.

DERMATOLOGY (4 weeks): Students are exposed to a wide range of dermatological conditions and learn to recognize and manage them. Technical training includes obtaining tissue scrapings, shave biopsy, patch testing, KOH preps, use of a Wood's light, and skin therapy with liquid nitrogen. Assisting with and performing outpatient minor surgery using techniques and procedures that are necessary for success as a primary provider are emphasized.

PEDIATRICS (5 weeks): Students receive exposure and training in general pediatrics through involvement with the clinic, nursery, and inpatient services. The nursery provides intense exposure to newborn assessment and physical examination skills. Neonatal resuscitation in the nursery and delivery room is included. Inpatient services enhance the complete pediatric history and physical examination skills. Further training in prescribing and drug administration is included in the clinic setting. Parent and patient education, safety, child development, and poison control issues are addressed in the clinic through involvement with all practitioners.

INTERNAL MEDICINE (6 weeks): PA students are exposed to all subspecialties in Internal Medicine and see a variety of patients. PA students are also exposed to a variety of diagnostic procedures. You obtain skills in history and physical examination including admission history and physical. Instruction in problem oriented medical record maintenance and oral presentation is emphasized. You will develop a working knowledge for protocols in patient evaluation and management. Appropriate utilization of ancillary services including laboratory and x-ray are emphasized. Students learn limitations and appropriate indications for immediate and delayed consultation. Management techniques for chronic illnesses, polypharmacy, multiple problem patients, and the terminally ill are encountered.

WOMEN'S HEALTH CLINIC (OBSTETRICS AND GYNECOLOGY)/LABOR AND DELIVERY (4 weeks):

PA students receive experiences with inpatients and outpatients through the clinic, ward, and labor and delivery. Extensive training in routine pelvic examinations is essential for helping each student differentiate normal anatomy from pathology. Such training is essential for the evaluation of abdominal pain in the female patient. Each student will become familiar with pre and post-natal care and examination. A working knowledge of birth control methods, pre and post-menopausal hormone therapy, routine health maintenance, evaluation of vaginitis, and abnormal menses are essential. While there you are required to perform a routine delivery under the supervision of staff. You will greatly enhance training and skills required in emergency situations. This is also a training objective. Labor and delivery instruction includes use of fetal monitors and equipment. Each student is required to pull four 24 hour shifts with their preceptor including working in labor and delivery. This day is will be each Friday of your OB rotation and will begin at 0700 and end at 0700 Saturday morning. A Terminal Learning Objective is for the student to perform a Delivery.

PSYCHIATRY (3 weeks): Exposure to a variety of common mental health problems, including inpatient and outpatient care, is provided. Students learn comprehensive history taking, mental status examination, and interaction with potentially unstable patients. Students learn from several disciplines, including psychiatry, social work, child advocacy while participating in family therapy and group dynamics. The rotation is divided so each student can spend some time in each aspects of behavioral medicine. You should do at least one intake history.

SURGERY (5 weeks): Students are exposed to inpatient and outpatient surgical patients and procedures. Training in complete surgical histories and physical examination techniques are covered. You receive training in emergency patient management and appropriate referral of surgical patients. Students pull call and attend surgical cases with the preceptor. Students participate with pre and post-op surgical care. Opportunities to perform minor outpatient procedures routinely accomplished by PAs are provided. You will be at the OR NLT 0700 on days of surgery and you will round on your patients with the surgeon.

ORTHOPAEDICS/PODIATRY (6 weeks): Inpatient and outpatient experiences ensure students can accomplish a complete and appropriate orthopaedic history and comprehensive examination. Application of splints, casts, orthotic devices, traction, and local anesthetics are part of the skills training. Students observe and participate in surgical procedures to the extent of their skills and cooperatively manage inpatients. Physical therapy as an adjunct to management is emphasized as well as office techniques and procedures. This rotation is a fluid rotation between Orthopedics, Physical Therapy, Podiatry and Occupational Therapy. The lead preceptor for the service will help decide where the student will be on any given day. No student should have anytime that they are not engaged in patient care. On days of surgery, you may finish early, so you are expected to put time in with the PT, OT, or Podiatry departments.

ENT (OTORHINOLARYNGOLOGY)/ALLERGY (4 weeks): Various ENT conditions, their recognition, and common management principles are covered. Students obtain skills in use of ENT microscopes, special equipment, headlamps, diagnostic techniques, tympanometry, and direct and indirect visualization procedures. Principles and guidelines for referral are covered. Observation and participation in ENT surgical procedures and all patient evaluations with their preceptor is expected. The student will also rotate in the Allergy Clinic for at least one day,

enlarging their knowledge of the indications for, consequences and side effects of allergy testing, and the relationship between allergies and asthma.

OPHTHALMOLOGY (2 weeks): Students receive exposure to acute and chronic eye diseases relative to primary care and emergency room care. Training is included in physical diagnosis, management of common eye disorders, and guidelines for referral or consultation. PAS should develop reasonable proficiency in use of the slit lamp and tonometry. Assistance with procedures is dependent on student skills and at the discretion of the preceptor.

EMERGENCY MEDICINE & EMERGENCY ROOM HOURS (2 weeks & 160 plus hrs):

The Emergency Medicine experience is a requirement that occurs concurrently with other rotations. The total for Emergency Room requirement is 200 hours after duty and on weekends plus an EM two-week rotation, in the Emergency Department, usually 10 days of 12 hour shifts. Ensure that no more than one student is on the EM rotation at a time. All your EM and ER preceptors are required to certify that the student was present for the entire shift. It is the responsibility of the student to maintain a log of hours worked. Lack of proper documentation or failure to obtain sufficient hours in the ER could delay graduation. Several important policies must be adhered to in the ER, and in the EM rotation:

- (1) Students will **NOT** work independently
- (2) The preceptor **WILL** see all patients and co-sign the ER record (T-Sheets) prior to disposition
- (3) Students may **NOT** have pre-signed prescriptions or independently dispense drugs from the MOD cabinet or Omnicell
- (5) The shift will be a minimum of 4-hour shift for your 160 hour obligation, and 12 hours for EM two week rotations. If the ED preceptor feels that, the shift is overwhelmed with PA Students he will approve the early release, and your less than the required hours will only be approved case by case depending on the circumstances.
- (6) You will be told which preceptors you can work with

DO not deviate from this. This is for the protection of you as a student and the patient.

FAMILY PRACTICE (4 weeks & 1 mandatory Long Term Healthcare elective week): This rotation is scheduled as close to graduation as possible and is designed to allow the student to see patients by appointment under the supervision of a preceptor. This semi-independent phase is a reasonable transitional period for the student who is soon to graduate. The student will have a preceptor available for consultation, chart review, signature on all prescriptions, and for examination of patients. Preceptors must be consulted before any patient is released. All charts require review and co-signature. Students may see patients in follow-up for problems that they have initiated a work upon. Outpatient examinations will exhibit some shift to problem-focused evaluation by contrast to the comprehensive nature of examination skills acquired during the medicine rotation. Students are expected to continue doing comprehensive examinations for admissions. The ability to select the appropriate skills to apply from a repertoire gained during prior clinic rotations is felt essential to the success of a practicing PA. Fine-tuning the transition from enlisted to officer and from lay to professional is completed during this rotation.

RADIOLOGY (1 mandatory Elective week): This rotation is intended to teach students of the fundamentals of reading plain films that are most commonly used in the TMCs. The student spends time reviewing films with a radiologist one on one. This is a pass fail rotation. No Test exam is available. Radiology will serve as 1 of 3 student elective weeks.

ANESTHESIA (1 mandatory Elective week): This rotation is intended to teach you the appropriate way to handle an airway along with how to initiate and maintain a patient under conscious sedation. All students will be taught by an anesthesiologist or Certified Registered Nurse Anesthetist. The Friday prior to starting this rotation you will link up with him at his office to introduce yourself and ask him where to be the next Monday.

ELECTIVES (3 weeks): 3 of 3 weeks have been utilized as mandatory elective weeks in Radiology, Anesthesia, and Long Term Healthcare.

STUDENT PRESENTATIONS (3): All presentations will be on Power Point with objectives. The first page will be a title page, then Objectives, the body of the presentation will correspond with the objectives, the final page will be the references you used to make the presentation. You will be responsible for bringing a grading sheet to your presentation. The Phase II coordinator will grade your performance and counsel you immediately following your presentation.

The Presentations will be as follows:

1. **Professional Topic-** This is not simply a medical topic, but a professional topic such as Combat Casualty Support, Re-Certification of the PANCE, or Professional Development for Promotion.
2. **Medical Topic of Personal Interest-** All medical topics are applicable and should not have been presented by a fellow student currently at this site. It should last approximately 30 minutes.
3. **Master's Project Presentation-** This presentation will summarize your research paper. Treat it as a defense to you Master's thesis and ensure that it follows your thesis statement. It should not be only a summary, but a clear defense of your topic and thesis.

SEQUENCE OF PROBATION AND REHABILITATION

1. Academic Probation

- A. **Test Failures:** students failing a test will counseled and retrained by the Phase 2 clinical Coordinator. The student must retest within 10 duty days per the AMEDD Center and School policy. Books are available for the student through the Phase 2 Coordinator and AMEDD Virtual Library by utilizing the computers in the PAS room and/or library.
 1. **Passing the retest-** will result in you continuing on your current clinical schedule. You should expect increased study and mentoring.
 2. **Failure** of retest will result in academic probation from the program and a review board. The options for the board are to remove from the program or recycle. This recycles if for a full class cycle not just a rotation cycle.

3. **You are only authorized 2 failures**, whether it is a test or a rotation, during the entire year. Once you fail the second test/rotation you will be placed on Permanent Academic Probation for the rest of your time in the IPAP.

- B. Clinical Rotation Failure:** students failing a Clinical Rotation will be placed on academic probation as above. They will be required to take the end of rotation exam.
1. **Passing the exam** will result in a request for recycle.
 2. **Failing the exam**, this being the second test in the same subject, which will result in a request for relief.

2. Non Academic Probation

You can be placed on non-academic probation for any reason that does not relate to your academic standing. Examples of this would be failing the APFT, being placed on the weight control program, Arrests, DWI, Testing positive for drugs, and a multitude of other reasons that are too many to list. You are a professional Officer/NCO and you know the Army Standard.

3. Recycled Students

- A. Students in a recycle status will continue probation for the remainder of the year.
- B. Subsequent Clinical Rotation Failures will result in a request for relief. The student will continue training and testing while the request is being processed.
The request will be processed IAW the Phase 2 IPAP Student Evaluation Plan.
- C. Subsequent End of Rotation exam failures without successful retest will result in a request for relief. Failing 3 end of rotation exams with successful retest will result in a request for relief. The student will continue to train and test while the request is being processed IAW IPAP SEP.

ADDITIONAL RESPONSIBILITIES

Students must ensure that they keep on track logging their patients into My Evaluations. It is required that you have 1200 patients logged in prior to graduation. You must also ensure that you log all procedures into My Evaluations along with the patients that you completed the procedure on so you get credit for them. You will need to log 120 procedures prior to graduation as well. In addition to My Evaluations, you need to maintain your APEQS account and all training required on it. You may also use APEQS to sign up for classes such as PALS, ACLS, BLS, guest speakers, workshops, etc.

You may also be called by the company to complete a urinalysis. These are scheduled and people are picked at random in accordance with the Army and commander's policy.

We are not required to participate in any of the change of commands, award ceremonies, ranges or other company activities, but you may attend if it does not interfere with your rotation schedule.

On occasion there may be off-site training opportunities that present themselves during a rotation or throughout your time in Phase 2. If you are interested in attending a specific course or event,

you must present the idea to the Phase II coordinator for approval. You **WILL NOT** request funds, sign for a course, or plan TDY without the Phase 2 coordinator's consent.

CONCLUSION

These rules were established for the protection of all – the student, patient, and the hospital.

FOLLOW THEM WITHOUT DEVIATION. Anytime a student is placed in an uncomfortable or compromising situation, regardless of the rotation, he/she should notify the Phase 2 Coordinator.

Read **BEFORE** going to your next day's clinic, you will better understand what you are seeing. You will be more articulate with your preceptor and learn more. If you expect the preceptor to spoon-feed you the objective list, think again!! The preceptor is there to challenge you to learn and teach you specific techniques and pearls. If you chose not to come prepared, the preceptor may (**and often does**) leave you to yourself. Be prepared to be a considerate, but aggressive self-starter and learner.

As well as becoming a medical provider, you are becoming an officer in the United States Army. You are expected to carry yourself with the utmost integrity, selflessness, and strive for the highest levels of excellence. Speak kindly and considerately with every person you meet. Listen and learn! Lead by example. Thank those around you and be helpful when appropriate. Respect others and conduct yourself with dignity. Do not discriminate against or harass anyone. More students are removed from the program for inappropriate behavior than academic deficiency.

Good luck with your training here. Become an adult learner as soon as possible. It will greatly aid your education.

Counseling Acknowledgement

I (Name) _____, (SSN) _____

Have read and understand the Student Orientation Guide for Irwin Army Community Hospital.

I was given an opportunity to review the guide and discuss all questions on

_____, with the PAS Phase II Coordinator. I understand that violations of

this guide may be grounds for administrative action. My counseling date was on

_____ and my orientation date was on_____.

Signature_____ Date_____

Phase II Coordinator _____